

## APPENDIX D:

### Trial Testimony Transcripts

1 and began working with?

2 A On that day my diagnosis was bi-polar disorder,  
3 not otherwise specified, most recent episode depressed with  
4 a history of rapid dysthymic disorder.

5 Q Can you spell that for the jury.

6 A D-y-s-t-h-y-m-i-c disorder, alcohol abuse,  
7 probably dependence. Rule out brief psychotic episode.  
8 Rule out dissociate amnesia.

9 Q We will take those individually. First of all,  
10 bi-polar disorder, bi-polar disorder with rapid dysthymic,  
11 would you describe, first of all, is that a recognized  
12 mental illness in the medical community?

13 A Yes, it is.

14 Q And particularly we have talked about the  
15 Diagnostic and Statistical Manual, Fourth Edition, the  
16 D. S. M. IV, is that shown in the D. S. M. IV.

17 A Yes, it is.

18 Q Would you describe to the jury what about Lisa  
19 made you feel that bi-polar disorder was present at that  
20 time?

21 A After reviewing information with her she reported  
22 discreet periods of going without sleep for days at a time.  
23 Increased energy. May I refer to my initial interview.

24 Q Sure, absolutely. So the jury will understand, do  
25 you keep pretty copious notes of your contacts with the

1 inmates you see?

2 A I probably keep lengthier notes than most people.  
3 I sometimes get teased about it.

4 A She reportsd a history of mood swings at that  
5 time starting at the age of 28 or 29, and gave a history of  
6 going without sleep for three days at a time. Energy was  
7 increased and she would fill extremely happy. Gave examples  
8 of cleaning the house and, quote, scrubbing the bathroom  
9 with a toothbrush. She reports these highs followed by  
10 depressive episodes. And in these episodes she would,  
11 quote, stare out the window, didn't want to shower, had no  
12 motivation, would isolate.

13 She reported it would last a couple days to a  
14 week. Unsure if they ever lasted two weeks. She states she  
15 has always felt depressed, always felt depressed, quote, she  
16 reports the depressive episodes following the highs were  
17 more severe in intensity than base line depression.

18 Q What about that kind of history makes a doctor in  
19 your position feel that bi-polar disorder is something that  
20 is afoot?

21 A What about that history?

22 Q. Yes, which is kind of a general way of asking you  
23 to explain to the jury a little bit about bi-polar, did it  
24 used to be called manic depressive disorder.

25 A That is the old term, manic depression. The manic

1       or as I refer to them as high moods, are often characterized  
2       by periods of sleeplessness. I ask patients if they have  
3       been up for 24 hours or more at a time. And if this has  
4       been a repeated pattern I also investigate at that time if  
5       there was substance abuse or alcohol abuse. Oftentimes  
6       patients will report feelings of euphoria, they feel on top  
7       of the world, invincible. Or they feel very, very agitated  
8       due to the lack of sleep. It is often accompanied by racing  
9       thoughts, inability to concentrate, increased energy, poor  
10      judgment, impulsive decisions. Some examples are spending  
11      sprees. Just many times people get themselves in trouble  
12      with their poor judgment, impulsivity.

13       Q      Let's go then next diagnosis at the time I believe  
14      you said was dysthymic disorder?

15       A.     Yes.

16       Q.     Would you explain to the jury what you mean?  
17      I guess I should say what doctors mean by that from the  
18      D. S. M. IV?

19       A.     Dysthymic disorder is disorder, part of the  
20      criteria for it is evaluating a person in terms of  
21      chronicity of depression. And one of the identifying  
22      factors is to ask someone in a period of two years, 24  
23      months would you say that you have been depressed for at  
24      least 21 of those months or at any time in your life have  
25      you had that. And that is part of the criteria of dysthymic

1           Q     Did you also have nurse Kemper visiting her as  
2     well as many, almost as many if not as many times as you  
3     did?

4           A     I don't know if it was as many but really tried to  
5     alternate with that usually every week.

6           Q     And during that period of time in 2005 did  
7     anything about your original diagnosis change, did you see  
8     anything that made you back away from any of the portions of  
9     your original diagnosis?

10          A     Not at that time. I didn't really focus on any of  
11     the reports of the alcohol.

12          Q     Of course not. Basically that's fairly well taken  
13     care of in an incarceration facility?

14          A     Right.

15          Q     And particularly were you seeing signs in Lisa  
16     that you were observing that was confirming your diagnosis  
17     concerning bi-polar disorder?

18          A     Yes, I observed her throughout the time and kept  
19     track of the sleeping habits primarily. And there was many  
20     reports of sleep fluctuation, many reports of sleeping two  
21     or three hours and then periods of sleeping a good part of  
22     the day away.

23                  During that period I also monitored her mood which  
24     seemed extremely labile, meaning it changed rapidly. It  
25     changed rapidly in the periods that I would interview her.

1 Q Why don't you spell labile, is it l-a-b-i-l-e?

2 A Yes.

3 Q That basically means it's unsteady, most of us try  
4 to have a steady mood, not get too high or too low. What  
5 you are saying with Lisa she is cycling before your very  
6 eyes basically?

7 A Yes.

8 Q Describe to the jury the kinds of things you would  
9 see when those things were happening?

10 A The speech was notable, we call it fushof speech.

11 Q F-u-s-h-o-f.

12 A Very, very rapid speech. Speech that is also  
13 increased in amount. She would sometimes be very vibrant,  
14 bright, maybe make comments feeling full of joy. I have one  
15 quote like when you are in love with someone. There were  
16 other times that she was extremely depressed, tearful.

17 Q Would those occur literally in the same session  
18 with her?

19 A There would be changes from, yes, from being very  
20 energetic to being very somber and quiet and tearfull.

21 Q Ma'am, did there come a time when you believed  
22 that Lisa's condition required you to prescribe regular  
23 medications for her?

24 A Yes.

25 Q And can you tell from your records when you

1 specifically used that as an example.

2 Q You were asked also whether you based your  
3 initial finding of bi-polar disorder upon your initial  
4 interview and your answer was yes. That's all you had at  
5 that time, right?

6 A. Yes.

7 Q Have you since developed evidence that you have  
8 personally seen that confirms that diagnosis?

9 A Yes.

10 Q Would you share with the jury some of the things  
11 you have seen that confirm over the last three years, that  
12 confirm that diagnosis?

13 A Feelings of boredom, erratic sleep, two hours a  
14 night sometimes, four to five hours, that's not really, but  
15 two hours a night, mind constantly going, I can't keep up  
16 with it.

17 Q Let me make it easier so you don't have to go  
18 through every note in your file, are there lots of notes  
19 that you have made to yourself over those hundred and five  
20 times that you have seen Lisa that in your mind confirm that  
21 diagnosis of bi-polar disorder?

22 A Yes.

23 Q Now the question kept being asked of you, are  
24 people in C. C. A. depressed. And I guess the short answer  
25 to that question could be yes, because they're incarcerated.

1                   The key elements are being extremely scared and  
2 feeling helpless to do anything about it. And apparently  
3 the body, the mind we set to an alarm clock. You get  
4 alterations in memory where the people will have memories of  
5 traumatic events, get triggered by things that remind them  
6 or similar in some way to the trauma.

7                   You also get a lot of avoidance. And I remember  
8 one of the other symptoms that came out of the post  
9 traumatic stress disorder was escape. You also get a  
10 disorder alarm clock, difficult sleeping, concentration,  
11 hyper vigilant, irritable, always keyed up and on edge.  
12 There is some instance of Lisa having post traumatic stress  
13 disorder that went untreated throughout her life and formed  
14 shifts in mood, nightmares, difficulty sleeping and it's not  
15 unusual in these conditions to have episodes of depression  
16 and anxiety.

17                 Q     Did you make any note of her suicide attempts?

18                 A     Yes.

19                 Q     What did that mean to you?

20                 A     Suicide attempt is another extreme escape if one  
21 feels particularly overwhelmed. There were several  
22 instances in her life when that occurred, one at age 14 when  
23 she was stressed about her ability to stop Jack Kleiner's  
24 sexual abuse. Another time we heard when Carl and Judy took  
25 her two oldest kids and would not return them and maintained

1       she seems to malingering and/or other tests at other times she  
2       doesn't. So it's a little bit like the boy who cried wolf,  
3       never quite sure when you are getting the truth and when you  
4       are getting what she wants you to hear or when you are being  
5       manipulated.

6                   Doctor Kuncel also administered the M. M. P. I.  
7       and/or other M. M. P. I there is a scale called the fake bad  
8       Lees-Haley. That fake bad scale, her score for that scale  
9       was 28 which is very high for women and indicates that she  
10       was faking bad on the M. M. P. I. for Doctor Kuncel. So  
11       there were no indications in Doctor Kuncel's testing, two  
12       indications in Doctor Hutchinson's testing.

13                  And then I tested her myself and again she  
14       malingered on the M. M. P. I. exaggerated symptoms on the M.  
15       C. M. I. In, fairness although she did exaggerate on those  
16       these I gave her other tests where she had valid scores and  
17       the results were interpretable.

18                  Q      Did you detect any signs for post traumatic stress  
19       syndrome, did you test for that?

20                  A      Yes.

21                  Q      What did you conclude?

22                  A      I concluded she gave a valid performance on the  
23       test of P. T. S. D. and endorsed the symptoms consistent  
24       with post traumatic stress disorder.

25                  Q      Post traumatic distress could be caused by many

1       things, that's right?

2       A      That's correct.

3       Q      And is it possible the defendant's depression, you  
4       noted could be related to the fact she was in jail facing  
5       very serious charges?

6       A      Absolutely. There was in addition to P. T. S. D.  
7       there was evidence of depression in the tests that came up  
8       valid and it very much could be related to the fact she was  
9       in jail and facing trial. Certainly when I saw her  
10      clinically she was tearful, she was upset. At one point she  
11      couldn't continue with the exam. She exhibited signs and  
12      symptoms of depression that seemed to be related to her  
13      current situation at that time.

14      Q      In fairness could it also be connected to the fact  
15      that she may have been abused and sexually abused,  
16      physically abused and sexually abused as a child?

17      A.     Absolutely.

18      Q.     Is it also possible that post traumatic stress  
19      disorder could be connected to what she did in this case  
20      which was to strangle Bonnie Jo Stinnett, cut out her baby  
21      with a knife?

22      A      That's also entirely possible. It's not unusual  
23      for people who commit violent crimes, particularly  
24      horrifying, to have trouble sleeping after what she did and  
25      develop post traumatic stress from the act of the crime

1       they did it a week before. Her examples of excessive energy  
2       or spending sprees or even racing thoughts were not anything  
3       that sounded very significant to me.

4           A     Doctor Logan was, until last week, the only one  
5       thought the defendant was psychotic at some point during  
6       custody. He saw her in March, 2005. And the evidence he  
7       mentioned in his report, maybe there is something else he  
8       didn't put there, in his report the only evidence he gave of  
9       anything that sounded psychotic was in March, 2005 after  
10       having been in solitary for quite a long time the defendant  
11       described hearing her mother's voice. The report didn't  
12       give enough detail to be able to tell whether that was  
13       day-dreaming, imagining, obsession, a thought, a phantasy or  
14       a delusion and the only one of those things that's psychosis  
15       is delusion.

16           So I was skeptical about whether that, I meant to  
17       say had hallucinations. The phantasy are not psychotic.  
18       Imagination is not. Day dreams aren't psychotic.  
19       Obsessions aren't psychotic but hallucinations are. A  
20       patient who has a hallucination in which they hear a voice  
21       coming from outside their head they think is real when it  
22       isn't, that's psychotic.

23           Doctor Logan's report didn't give enough detail  
24       for me to believe that this incident that the defendant was  
25       describing was an example of hallucination. And when I

1       asked the defendant about the same symptom of hearing her  
2       mother's voice the account she gave me did not persuade me  
3       it was hallucination.

4           Q     Of course, Doctor Logan didn't videotape his  
5       meetings with the defendant, did he.

6           A     Correct.

7           Q     Go to the next slide.

8           A     Based on everything I did have of that mood  
9       disorder which includes some missing data, there may be more  
10      there than I know about. I think the defendant may indeed  
11      have a mood disorder and just what it should be called,  
12      whether it's a desimec disorder, whether major depressive  
13      illness or whether it's part of a personality is where I am  
14      uncertain. Often people with the personality pattern she  
15      has have such emotional instability they get diagnosed as  
16      having a major depression or being bi-polar. They get  
17      treated with medications for those things when it's really  
18      just a personality disorder. That can be true here, too.  
19      It's hard to sort these out.

20           But I did think she might really have a  
21      depression. Her level of work in the months before the  
22      charged offenses, the level of internet activity she engaged  
23      in and the preparations for this crime, assuming she did it,  
24      indicate that she had sufficient energy and mental acuity to  
25      function at work and to plan and execute the charged

1 offenses.

2 So it was my opinion that even if she has a  
3 recurring redress on depression, that at the time of the  
4 charged offenses she was not impaired by depression in a way  
5 that is relevant to the question before us.

6 Q Now did you also address the post traumatic stress  
7 disorder claim?

8 A Yes. With respect to that, her psychological  
9 testing was consistent with post traumatic stress disorder.

10 Q That was also consistent with what the defense  
11 found?

12 A Yes. And what the defendant says and the way she  
13 behaves in all of the exams I think is consistent with her  
14 actually having post traumatic stress disorder. And my  
15 problem in analyzing the evidence, the very evidence that  
16 might have permitted proof of post traumatic stress disorder  
17 has been corrupted by some of the tests that were given and  
18 by the unrecorded exams which leaves -- a familiar story,  
19 this happens often when a proper record of it all would have  
20 offered clear proof she really does suffer from post  
21 traumatic stress disorder.

22 Here we have to give the benefit of the doubt to  
23 the record or make a judgment and hunch and it would be my  
24 judgment or hunch that she has that condition despite some  
25 of the evidence not being at hand.

1       find makes any difference when people understand what they  
2       do or have done, what they have done, everything can react  
3       to early childhood all the way into adulthood, those  
4       insights, I was confused because of how my parents treated  
5       me but this is real and that is not, you start to build some  
6       solid foundation in order to integrate one's sense of self.  
7       And I could see that starting to happen. She was using what  
8       was going on to try to put herself together. And I thought  
9       she's really frankly a prime candidate for therapy because  
10      she's able to use it. Some people are not very good at it.

11       Q       Let me ask you in your process were you able to,  
12      through your interviews and your review of the information  
13      that you saw, were you able to diagnose Lisa with certain  
14      conditions, to a reasonable degree of psychological  
15      certainty?

16       A       Yes, I think so.

17       Q       Would you describe those to the jury.

18       A       Well, I thought she had a post traumatic stress  
19      disorder and I thought she had quite a substantial one.

20       Q       Let me stop you there. You have described knowing  
21      and seeing post traumatic stress disorder in the V. A.  
22      Hospital setting in light of the terrors of war these  
23      fellows had seen. Have you also seen post traumatic stress  
24      disorder in women that are sexual abuse survivors.

25       A       Yes.

1 the bigger picture of guiltling her, making her feel terrible  
2 about things that were not of her doing. It's not a ten  
3 year old responsibility to a parent. And if the parenting  
4 goes wrong why should she end up feeling guilty. If the  
5 father had to testify that's his behavior, not hers, so  
6 again cause and effect.

7 Just like the soldiers coming back what was real  
8 and what wasn't was confused. There was a lack of the  
9 logic, a process going on there where she wasn't really in  
10 some basic way making a lot of sense because parts of her  
11 did not come together properly.

12 Q You felt comfortable in diagnosing Lisa with post  
13 traumatic stress disorder as a result of her childhood  
14 physical and sexual abuse?

15 A Yes. And then I think subsequent events,  
16 childhood and then some of the things that happened here  
17 absolutely traumatized her all over.

18 Q Was there also another diagnosis you made of her?

19 A That was major depression. She was extremely  
20 depressed. Having trouble eating and sleeping and feeling  
21 helpless and hopeless, depressed mood, chronic crying.  
22 There was also a huge amount of general anxiety apart from  
23 the post traumatic stress disorder and I diagnosed her with  
24 that.

25 Q And anything else?